



City of Torrance, Office of the City Clerk
Commission Application

Name* _____
Residence _____
Address* _____ Phone: *Res: _____
_____ Zip Code: _____ Bus: _____

Resident of Torrance for _____ Years Torrance Registered Voter: Yes _____ No _____

* If appointed, information marked with a single asterisk may be published in the Roster of Public Officials.

Please indicate the Commission(s) you desire to serve by checking the appropriate box(es).

- | | | |
|---|--|--|
| <input type="checkbox"/> Airport** | <input type="checkbox"/> Cultural Arts | <input type="checkbox"/> Public Facilities Building Corp./
Torrance Improvements Corp. ** |
| <input type="checkbox"/> Cable TV Advisory Board ** | <input type="checkbox"/> Environmental Quality &
Energy Conservation ** | <input type="checkbox"/> Torrance Disaster Council |
| <input type="checkbox"/> Civil Service ** | <input type="checkbox"/> Library | <input type="checkbox"/> Traffic |
| <input type="checkbox"/> Commission on Aging | <input type="checkbox"/> Parks & Recreation | <input type="checkbox"/> Water |
| <input type="checkbox"/> Community Services | <input type="checkbox"/> Planning ** | <input type="checkbox"/> Other _____ |

** Conflict of Interest statements must be filed by these Commissioners.

Are you presently or have you ever been a City of Torrance Commissioner?

Yes _____ No _____ Name of Commission(s) _____

Present Occupation: _____

Name and Address of Employer: _____

Torrance Community Service Experience

ORGANIZATION	SERVED	FROM	TO	OFFICES HELD

Education:

SCHOOL	MAJOR	GRADUATION DATE & DEGREE

Additional Pertinent Courses or Training: _____

Languages Spoken With Fluency: _____

Other Pertinent Skills, Experience or Interests: _____

Please furnish brief, written response to the questions below using additional sheets if necessary:

1. Why do you think you should be appointed? What is there specifically in your background, training, education and interests which qualify you as a candidate?

2. What do you see as the objectives and goals of the Commission?

3. How would you help achieve the objectives and goals? What special qualities can you bring to the Commission?

4. Do you have any reservations about the Commission's structure or function?

5. Other comments:

6. Please provide the names, addresses, and telephone numbers of three personal references (other than family members):

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

7. Do you plan to attend the scheduled Council interview: Yes _____ No _____

Date: _____ Signature: _____